



Vaccine Navigator

Vaccine Patient Registration Survey

Survey Link

https://modhss.iad1.qualtrics.com/jfe/form/SV_231d5TxZxkGedCt

Purpose	To record all information for Missouri residents who wish to be vaccinated and place them into phases and/or tiers based on their priority status, if applicable
Users	This form is filled out by Vaccine Patients in advance of the vaccine (can be accessed on day of vaccine as well). The patient information is recorded in the system and they can schedule their vaccine appointment via the scheduling link in their registration confirmation email or the public scheduling link on the MOStopsCovid website
*Notes	Each submission of this survey will create a contact in our database

Missouri Department of Health & Senior Services
Vaccine Navigator
Vaccine Assessment Scheduling & Follow-up Survey

Missouri COVID-19 Vaccine
NAVIGATOR

MOStopsCovid.com | (877) 435-8411

COVID-19 Vaccination Registration

The following form will gather information about your employment and health (allergies, medications, etc.) to determine your eligibility and properly schedule your vaccine appointment.

All your information will be kept confidential to the extent allowed by law. If you have questions or concerns about this form or the Vaccine Registration, you may contact (877) 435-8411.

In continuing on with this survey by clicking the link below, you imply consent to participate in the Vaccine Registration.

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English

Do you consent to the disclosure of the health and personal information you provide in Vaccine Navigator to local public health agencies and/or health care providers for the purpose of scheduling vaccination?

☐ Yes

☐ No

Page 1: Welcome

- Welcomes resident to the survey and explains the vaccination assessment process
- 1. Select the language you would like to complete the vaccination process in by using the drop-down menu in the upper-right.
 - a. Communication messages will be sent in the same language that you select here
- 2. **Click the arrow** to proceed

Page 1.1: Consent to Information Disclosure

- Asks for consent to share their information with local public health agencies and/or health care providers
- 1. Indicate whether you would like to consent to disclosing your health and personal information
 - a. Selecting “No” excludes you from being listed on the Registered Patients List which is used by local public health agencies and/or health care providers for vaccination outreach purposes

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English

Have you previously received a first dose of a COVID-19 vaccine?*

☐ Yes

☒ No

← →

Page 2: Vaccinated by other means

- Determines if patient has previously been vaccinated (at a primary healthcare provider, pharmacy, hospital, etc.)
1. Indicate **whether they have previously received a dose of the COVID-19 vaccine**
 - If **"No"** is selected, patients will proceed to next section.
 - If **"Yes"** is selected, they will proceed to the page 2.1 first dose questions & advisory message.
 2. **Click the arrow** to proceed

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English

Which type of vaccine did you receive for your first dose?

☐ Moderna

☐ Pfizer

☐ Johnson and Johnson

Please enter the date you received dose 1 of the Covid Vaccine (mm/dd/yyyy):

If you have previously received a first dose of any COVID-19 vaccine through a primary care provider, hospital, or pharmacy, we **highly recommend that you schedule your second dose through the same organization**. This will ensure that you are provided the correct second dose and that vaccines can be distributed as efficiently as possible across the state. The survey will not restrict your ability to move forward, however we highly recommend that you close this survey and schedule through your original provider.

Page 2.1: Previously Vaccinated Questions & Advisory Message

- Collects first dose information from patients who indicated that they were previously vaccinated and shows them an advisory message regarding receiving their second dose
1. Select the manufacturer of your first dose
 2. Enter the date you received your first dose
 3. **Click the arrow** to proceed

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You listed that you have received one dose of the Johnson and Johnson COVID vaccine. This vaccine is a one-dose vaccine, so you are fully vaccinated! If you selected that you received Johnson and Johnson by mistake, please restart the survey. Thank you!

Page 2.1.1: Received Johnson & Johnson Vaccine

- Terminates survey session for patients who indicate that they have been previously vaccinated with Johnson & Johnson and does not collect any information on them

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English ▼

Please enter your personal information:
(any field with a * is required)

Please note: Contact information will be validated with a
government or employee ID at vaccination site.

First Name*

Last Name*

Date of Birth
(mm/dd/yyyy)*

Email

Confirm Email

Cell Phone Number (XXX-XXX-XXXX)

Confirm Cell Phone Number

Please confirm all your contact information above before
proceeding to the next page.



Page 3: Patient Contact Information

- Collects all the patient's contact information with validation to ensure that all fields are filled out and in the correct format
- 1. **Provide your Patient Contact Information** in the form
 - First Name
 - Last Name
 - Date of Birth
 - Email
 - Not providing an email address will prompt you to provide a landline on the next page
 - Cell Phone Number
- 2. **Click the arrow** to proceed

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Vaccine Navigator
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The screenshot shows the 'Missouri COVID-19 Vaccine NAVIGATOR' interface. At the top, there's a logo with the text 'Missouri COVID-19 Vaccine NAVIGATOR' and icons for a globe, a phone, a location pin, and a heart. Below the logo, it says 'MOStopsCovid.com | (877) 435-8411'. A language dropdown menu is set to 'English'. A message reads: 'Please only provide your landline if you do NOT have an email address. It is highly recommended that you provide email as your primary contact method. You may go back to update your contact information now, or continue with a landline.' Below this, there are two input fields: 'Landline (XXX-XXX-XXXX)*:' and 'Confirm Landline*:', both highlighted with a red box. At the bottom, there are two orange buttons: a back arrow on the left and a forward arrow on the right, with the forward arrow also highlighted by a red box.

Page 3.1: Patient Landline
(no email or cell phone option)

- Displays if the patient does not enter an email address
- Patient can choose to return to the previous page and input an email if they do not wish to provide a landline

1. **Enter your Landline**
2. **Click the arrow** to proceed

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The screenshot shows the 'Missouri COVID-19 Vaccine NAVIGATOR' interface. At the top, it includes the logo and contact information: 'MOStopsCovid.com | (877) 435-8411'. A language dropdown menu is set to 'English'. A message states: 'You are under the age of 18 years old.' Below this, a prompt asks the user to 'Please select the option that best applies to you:'. A large red rectangular box highlights a list of seven options for minors, each preceded by a radio button. The first option is expanded, showing sub-points for forms of consent. Below the options, another red box contains a warning: 'Please be prepared with the required proof of eligibility upon vaccination. Vaccinators have the right to turn you away during the time of vaccination if you do not follow these requirements, so please plan accordingly.' A third red box at the bottom states: 'At this time anyone under 18 years of age is only eligible to receive a Pfizer vaccine.' Navigation arrows are visible at the bottom of the form.

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English

You are under the age of 18 years old.

Please select the option that best applies to you:

- ☐ I am a minor under the care of a parent/guardian and **must provide one of the following forms of consent:**
 - ☐ Parent/Guardian present at the vaccination to give consent
 - ☐ Notarized written consent in cases where the Parent/Guardian is not present at the vaccination
 - ☐ Un-notarized written consent, if verbal confirmation can be obtained by telephone, in cases where the Parent/Guardian are not present at the vaccination
- ☐ I am a minor under the care of a relative caregiver and **must present the affidavit as explained in 431.058 RSMo.**
- ☐ I am a minor under the care of the Children's Division and **must present written consent from the Children's Division.**
- ☐ I am a homeless minor and **may present letters from persons/entities** such as (but not limited to): a director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons; a local education agency liaison for homeless children and youth designated under 42 U.S.C. Section 11432(g)(1)(J)(ii); a school social worker/counselor; or a licensed attorney representing the minor in any legal matter.
- ☐ I am an emancipated minor.
- ☐ I am a married minor.
- ☐ I am a pregnant minor.
- ☐ I am a parent.

Please be prepared with the required proof of eligibility upon vaccination. Vaccinators have the right to turn you away during the time of vaccination if you do not follow these requirements, so please plan accordingly.

At this time anyone under 18 years of age is only eligible to receive a Pfizer vaccine.

Page 3.2: Eligible Minor

- Collects additional information from the patient if they are a minor (ages 12-17)
 - Instructs the patient to be prepared with the required proof of eligibility upon vaccinations
 - Informs minors that they are only eligible to receive the Pfizer vaccine at this time
1. **Select the option** that best applies to you
 2. **Read the corresponding special instructions** regarding receiving the vaccine as a minor
 3. **Click the arrow** to proceed

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English

Please fill out the following information:

Address 1*

Address 2

State (abbreviation)*

MO

Page 3.3: Patient Contact – Address Information

1. **Enter your Address**
2. **Select your State abbreviation** in the dropdown list,
 - MO is pre-populated
3. **Click the arrow** to proceed

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English

City*

Please start typing your City name and a drop-down list will appear to select from. For cities that have "St.", please type "Saint"

County*

Please start typing your County name and a drop-down list will appear to select from. For counties that have "St.", please type "Saint"

Zip Code*

Page 3.3.1: Patient Contact – Address Information
(Missouri Resident)

- Displays if MO was selected on page 3.3
1. **Start typing your City** and select one from the drop-down list
 2. **Start typing your County** and select one from the drop-down list
 3. **Enter your Zip Code**
 4. **Click the arrow** to proceed

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English

City*
Please input your City name

County*
Please input your County name

Zip Code*

Navigation arrows: back and forward

Page 3.3.2: Patient Contact – Address Information (non-Missouri Resident)

- Displays if MO was **NOT** selected on page 3.3
- 5. **Enter your City** in the free text box
- 6. **Enter your County** in the free text box
- 7. **Enter your Zip Code**
- 8. **Click the arrow** to proceed

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English

Please select your race*

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ None Specified

☐ Refused

Are you hispanic or latino?*

☐ Yes

☐ No

☐ Unknown

☐ Refused

Navigation arrows: back and forward

Page 4: Race/Ethnicity Questions

- Collects Demographic information for reporting purposes
- 1. Select your **ethnicity** and identify whether you are **Hispanic or Latino**
- 2. **Click the arrow** to proceed

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English

Please select your gender*

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to answer
- ☐ Other

Are you physically unable to leave your place of residence to receive a vaccine?*

- ☐ Yes
- ☐ No

Are you in need of transportation to get to a vaccination site?*

- ☐ Yes
- ☐ No



Page 4.1: Gender Questions

1. Select your **gender**
2. Indicate whether you are **unable to leave your place of residence (homebound)**
3. Indicate if you **need transportation to get to a vaccination site**
 - If you indicate “Yes”, you will receive an additional email on transportation resources available to you
4. **Click the arrow** to proceed

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The screenshot shows the 'Page 5: Medical Conditions' of the Missouri COVID-19 Vaccine Navigator survey. At the top, the title 'Missouri COVID-19 Vaccine NAVIGATOR' is displayed in large, colorful letters. Below the title, there are icons for a globe, a phone, a location pin, and a heart, followed by the text 'MOStopsCovid.com | (877) 435-8411'. A language dropdown menu is set to 'English'. The section is titled 'Age and Medical Conditions'. The user's age is listed as 'Your Age: 22'. The main question is 'Do you have any of the following medical conditions?*', followed by a bulleted list of conditions: Cancer, Chronic Kidney Disease, COPD (chronic obstructive pulmonary disease), Intellectual and/or developmental disabilities such as Down Syndrome, Heart Conditions (such as heart failure, coronary artery disease, or cardiomyopathies), Immunocompromised state from solid organ transplant, Severe Obesity (BMI greater than 40), Pregnancy, Sickle Cell Disease, and Type 2 Diabetes Mellitus. Below the list are two radio button options: 'Yes' and 'No'. The next question is 'Do you have a unique clinical situation that requires you to get a vaccination now?', also with 'Yes' and 'No' radio button options. At the bottom right, there is an orange arrow button pointing to the right.

Page 5: Medical Conditions

- Collects a patient's medical condition status for reporting purposes
1. Indicate whether you have any of the following **medical conditions**
 2. Indicate whether you have any **unique clinical situation** that requires immediate vaccination
 3. **Click the arrow** to proceed

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English ▼

Please describe your current insurance status

**Note - This will not affect your priority status or ability to schedule a vaccine*

- ☐ Private or employer insurance
- ☐ Underinsured
- ☐ Uninsured
- ☐ Medicaid
- ☐ Medicare



English ▼

For more information on the safety of the vaccine, click [HERE](#).

Please answer the following remaining screening questions:*

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine or Epi Pen or for which you had to go to the hospital?

Yes No

Have you ever had a serious reaction after any vaccination or injectable medication including a previous dose of the COVID-19 vaccine or if receiving the Johnson and Johnson vaccine, any ingredient contained within the Johnson and Johnson vaccine?

Yes No

Have you ever had an allergic reaction to any food?

Yes No

Have you ever had an allergic reaction to any medication(s)?

Yes No

Do you have an allergy to latex?

Yes No

Have you received passive antibody therapy as a treatment for COVID-19?

Yes No

Are you immunocompromised? (taken medication or being treated for cancer, leukemia, HIV/AIDS or other immune system problems or taking medication that affects your immune system)

Yes No

Do you have a bleeding disorder or are you taking a blood thinner?

Yes No

Have you received a vaccine recently (NOT a COVID-19 vaccine)

Yes No



Page 6: Insurance Status Question

- Collects a patient's insurance information for reporting purposes

1. Select your **Insurance Status**
2. **Click the arrow** to proceed

Page 7: Additional Health Screening Questions

- Collects resident's allergies and/or additional health condition information for safety and reporting purposes

1. Indicate your **additional health conditions**
 - Selecting "Yes" to any of the following will prompt you to provide more details in the following questions
2. **Click the arrow** to proceed

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Please list what food(s) you have had an allergic reaction to:*

← →

Page 7.1: Follow-up Example

- For “Yes” answers to a food, vaccine, and medication allergy, patient will be asked to provide more detail

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Please enter the date you last received passive antibody therapy as a treatment for COVID-19: * (mm/dd/yyyy)

← →

Page 7.2: Follow up Example (Date)

- For “Yes” answers to receiving a vaccine other than Covid recently and having received passive antibody therapy, patient will be asked to provide more detail

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICI to provide benefits to certain individuals or estates of individuals who sustain a covered serious physical injury as the direct result of the administration or use of the covered countermeasures. The CICI can also provide benefits to certain survivors of individuals who die as a direct result of the administration or use of covered countermeasures identified in a PREP Act declaration. The PREP Act declaration for medical countermeasures against COVID-19 states that the covered countermeasures are any antiviral medication, any other drug, any biologic, any diagnostic, any other device, or any vaccine used to treat, diagnose, cure, prevent, or mitigate COVID-19, the transmission of SARS-CoV-2 or a virus mutating from SARS-CoV-2, or any device used in the administration of and all components and constituent materials of any such product. Information about the CICI and filing a claim is available by calling 1-855-266-2427 or visiting <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine>

I, Chloe Ostroff, acknowledge and agree that I have received or have been advised of the Missouri Department of Health and Senior Services' Notice of Privacy Practices and where I can obtain any revisions made to this Notice.*

☐ I agree

☐ I do not agree

Next button

Page 8: Privacy Consent Form

- Provides patients with information on Missouri's Privacy Practices
- 1. Select **whether you agree to the statement of consent**
 - If you select "I do not agree", you will be sent to another page with additional information
- 2. **Click the arrow to proceed**

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You must agree to schedule a vaccination. Please go back to change your answer. If you do not agree to privacy practices, continue forward to end the survey.

Back button

Next button

Page 8.1: Disagree to Consent Caution Message

- If a patient does not consent, they will see the following message: "You must agree to schedule a vaccination. Please go back to change your answer. If you do not agree to privacy practices, continue forward to end the survey."
- If they then continue forward, their survey will end and no information will be collected

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COVID-19 VACCINATION CONSENT

I understand that like all medicines, no vaccine is completely effective, and it takes a few weeks for your body to build up protection from the vaccine. No guarantees, promises, or assurances have been made concerning the outcome of the above vaccine. Individuals will still need to follow the guidance in one's workplace, including wearing masks and taking part in any screening programs.

I understand it is not possible to predict all side effects or complications associated with receiving vaccine(s). I understand the potential and actual benefits, and risks and hazards associated with receiving the selected vaccine. I understand that I have the right to make decisions concerning my health care, including the right to refuse vaccination, and that I am voluntarily receiving the selected vaccine.

I have been given a copy of the Vaccine Information Statement (VIS) for the COVID-19 vaccine. I certify I have read or had this Vaccine Documentation and Consent Form and the VIS read and/or explained to me and that I fully understand the information in the VIS and the consents and authorizations given in this form, and that I am the patient listed in this Form.

For more information regarding the **Moderna Vaccine**, click [HERE](#).
For more information regarding the **Pfizer Vaccine**, click [HERE](#).

I, Chloe Ostroff, certify that I have answered all the questions on this form truthfully.*

Date: 02/01/2021
Time: 16:12:06
Name: Chloe Ostroff

☒ I accept
☐ I decline

Navigation buttons: back, forward

Page 9: COVID Consent Form

- Provides residents with information on the COVID-19 Vaccine
 - Certifies that patients answer all the questions truthfully
1. Select **whether you agree accept the statement of consent**
 - If you select "I decline", you will be sent to another page with additional information
 2. **Click the arrow** to proceed

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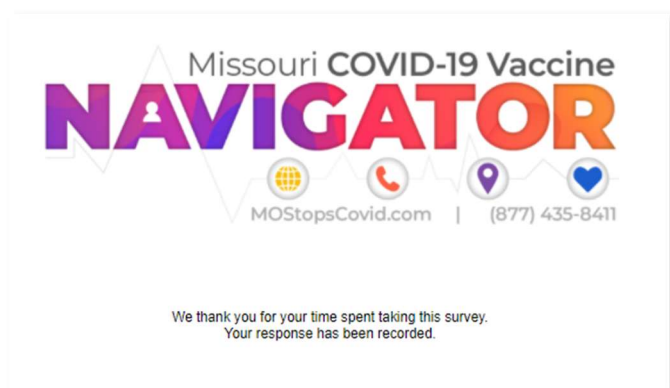
You must certify that you have answered truthfully to schedule a vaccine. Please go back to change your answer. Otherwise, continue forward to end the survey.

Navigation buttons: back, forward

Page 9.1: Disagree to Consent Caution Message

- If a patient does not consent, they will see the following message: "You must agree to schedule a vaccination. Please go back to change your answer. If you do not agree to privacy practices, continue forward to end the survey." If they then continue forward, their survey will end and no information will be collected

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Page 10: Survey End

- Thanks patients for taking the survey
- Patients will also receive an email and a text message with follow-up information